

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005753

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 74

Primary Registration District No. 5295

Registrar's No. 15

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PlattsburgLength of stay in 1b
1 Mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Plattsburg Rest HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Clinton

c. CITY OR TOWN Plattsburg

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 304 W. Locust (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Lula

Middle Alice

Last Hanks

4. DATE OF DEATH

Month February Day 16, Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/7/1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state, or country)

Zanesville, Indiana

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Hughes

13b. MOTHER'S MAIDEN NAME

Mary Bramstrater

14. NAME OF HUSBAND OR WIFE

John Hanks (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Gertrude Sceance, Plattsburg, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Ulcere Myocarditis

INTERVAL BETWEEN ONSET AND DEATH 36 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

57 yrs

DUE TO (c)

Diabetes Mellitus

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1943 to Feb 16-63 last saw her alive on Feb 16-63

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

2-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

23d. LOCATION (City, town, or county)

Plattsburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyon Funeral Home, Inc., Plattsburg, Mo. 2-19-1943

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mary W. Sceance

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Philip E. Cox

Licensed Embalmer No.

4992

P. O. Address

Plantersburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.